

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0551-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/856,566	
	Filing Date		
	First Named Inventor	Peter Twardowski	
	Group Art Unit	2164	
	Examiner Name		
Total Number of Pages in This Submission		Attorney Docket Number	

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/ Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Change of correspondence address
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Elias C. Borges
Signature	
Date	

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: _____	
Typed or printed name	
Signature	Date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

BORGES BANASINSKI ROLLE LLP

Barristers and Solicitors Patent and Trade-Mark Agents

10 Kingsbridge Garden Circle
Suite 704
Mississauga, Ontario
Canada, L5R 3K6

Tel: (905) 502-3477

Fax: (905) 502-3461

Elias Borges's Direct Fax:

(905) 502-3478

e-mail: elias@bbrlaw.ca

By Ordinary Mail and Fax to: 703-308,1396
3 pages sent, no Cover Page

November 6, 2001

United States Patent & Trademark Office

Assistant Commissioner for Patents

Washington, DC 20231

United States

Dear Sirs:

Re application no. 09/856,566

Art Group No. 2164

I enclose a transmittal form together with a Change of Correspondence address for the above referenced matter.

Best regards,

Borges Banasinski Rolle LLP

Elias C. Borges

ECB/sd

Official



#3 / Change of Add.
T. HCB 44.6-992
12/1/01

CHANGE OF CORRESPONDENCE ADDRESS APPLICATION <i>Address to: Assistant Commissioner for Patents Washington, D.C. 20231</i>	Application Number	09/856,566
	Filing Date	
	First Named Inventor	Peter Twardowski
	Group Art Unit	2164
	Examiner Name	
	Attorney Docket Number	

Please change the Correspondence Address for the above-identified application to:

☐

Customer Number



Place Customer
Number Bar Code
Label here

Type Customer Number here

OR

☒

Firm or
Individual Name

Elias C. Borges

Address

10 Kingsbridge Garden Circle

Address

Suite 704

City

Mississauga

State

Ontario

Zip

L5R 3K6

Country

Canada

Telephone

905-502-3477

Fax

905-502-3478

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

☐

Applicant/Inventor.

☐

Assignee of record of the entire interest.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒

Attorney or Agent of record.

☐

Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed
Name

Elias C. Borges

Signature

Date

Nov. 6, 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐

Total of _____ forms are submitted.